



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
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**Testimony SUPPORT on HB0589, HD1  
RELATING TO STROKE CARE**

REPRESENTATIVE SYLVIA LUKE, CHAIR  
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 27, 2015

Room Number: 308

1 **Fiscal Implications:** In the HD1 version there would be significant cost implications incurred  
2 from the yet to be quantified costs from establishing a stroke database and from costs to support  
3 a stroke coalition. In the proposed amended version, cost items would be absorbed through  
4 existing departmental budgets and staffing.

5 **Department Testimony:** The Department of Health (DOH) supports the intent of HB0589,  
6 HD1 to improve stroke care in the state and to continue the collaborative process of the Stroke  
7 Task Force created by S.C.R. No. 155 S.D.1 (2013) and offers comments.

8 The Department has continued to participate with the Stroke Task Force in developing a  
9 framework to improve stroke care in the state and worked with stakeholders to propose an  
10 amended version of the bill. The amendments that are requested reflect the consensus of the  
11 public-private partnership efforts to improve the quality of stroke care. Also, the participation in  
12 the state quality improvement stroke database will position the Department for future  
13 competitive federal grants to improve the system of care given to patients experiencing a stroke  
14 from the onset of symptoms.

15 **Offered Amendments:** In order to be able to maintain the collaborative process among all  
16 participating hospitals in the state begun under S.C.R. No. 155, to prevent barriers for progress,  
17 and to provide ongoing support to the hospitals delivering stroke care, the DOH respectfully  
18 offers an amended version of the bill. The proposed House Draft 2 more accurately reflects the  
19 responsibilities and capabilities of the Department as they apply to the stroke system of care,  
20 identifies the collaboration with the Stroke Task Force now functioning as the Stroke Coalition,  
21 participation in a stroke database, and providing reporting, analysis, and support for improving

1 the quality of care. It is further requested that the effective date be moved to January 1, 2016 to  
2 enable time for hospitals not currently participating in the national stroke database time to  
3 prepare, and for the Department to bring up its knowledge and capacity to support the stroke  
4 system of care. The amendments also reflect that the Department will be participating with  
5 hospitals in an existing nationally recognized stroke database registry, and not establishing a  
6 separate database which significantly reduces the funding requirements.

7 Thank you for the opportunity to testify.

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## A BILL FOR AN ACT

RELATING TO STROKE CARE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

SECTION 1. The legislature finds that the rapid identification, diagnosis, and treatment of strokes can save the lives of stroke patients and, in some cases, can reverse neurological damage such as speech and language impairments or paralysis, leaving stroke patients with few or no neurological deficits. Despite significant advances in diagnosis, treatment, and prevention, stroke is a leading cause of death nationally and in Hawaii. An estimated 795,000 new and recurrent strokes occur each year in this country. With the aging of the population, the number of persons who have strokes is projected to increase. Although treatments are available to improve the clinical outcomes of stroke, acute care hospitals need sufficient trained staff and equipment to optimally triage and treat stroke patients. A system is needed in our communities to ensure the provision of optimal, safe, and effective emergency care in a timely manner to improve the overall treatment of

stroke patients in order to increase survival and decrease incidents of disabilities associated with stroke. The legislature further finds that the ~~establishment of a~~ continuation of the stroke coalition and a stroke database will build on the work and infrastructure developed through S.C.R. No. 155 S.D. 1 (2013).

SECTION~~1.2~~ Chapter 321, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

**"PART**

**STROKE CARE**

§ -1 **Definitions.** The following terms shall have the meanings:

"Department" means the department of health.

"Stroke coalition" means a multi-organizational process of public, private, and nonprofit organizations working together for a common purpose to improve stroke outcomes throughout the State.

§ -2 **Stroke system of care; department duties.** The department shall establish a systematic process to evaluate and improve stroke care throughout the State to reduce death and disability from stroke. The stroke system of care shall include:

- (1) The requirement that hospitals meet specific stroke patient treatment capabilities that will ensure that stroke patients receive safe and effective care;
- (2) The development of the State's emergency medical services system to ensure that stroke patients are quickly identified, transported to, and treated in facilities that have specialized programs for providing timely and effective treatment for stroke patients to improve outcomes; and
- (3) The continuation establishment of a statewide stroke coalition to provide a mechanism to evaluate and improve stroke care in the State. As a part of the coalition the department will

(5a) Provide agreed upon state level reports of de-identified and aggregated data to the stroke coalition, government agencies, or contractors of government agencies, hospitals, researchers, and other interested parties that have a role in improving stroke care.

(3b) Establish an oversight process to ensure data integrity, quality, and security, timely collection, and the generation of reports;

- (4c) Analyze data generated by the stroke database to identify potential interventions to improve stroke response and treatment; and
- (1d) Identify issues related to early identification, triage, treatment, and transport of possible acute stroke patients;
- (2e) Facilitate the collection, analysis, and communication of health information and data among the health care professionals providing care for individuals with stroke;
- (3f) Encourage sharing of information and data among health care providers on ways to improve the quality of care of stroke patients in this State;
- (4g) Develop and implement strategies to improve stroke early identification and treatment, including identifying specific hospital capabilities to receive, treat, and transfer stroke patients;
- (5h) Establish an oversight process to assess and validate hospital capabilities;

§ -3 Stroke coalition. (a) The department shall ~~convene~~ ~~a-participate with the~~ stroke coalition to ensure sustainability of a process and system to evaluate and develop effective statewide stroke patient care. ~~The stroke coalition shall:~~

- ~~(1) Identify issues related to early identification, triage, treatment, and transport of possible acute stroke patients;~~
  - ~~(2) Facilitate the collection, analysis, and communication of health information and data among the health care professionals providing care for individuals with stroke;~~
  - ~~(3) Encourage sharing of information and data among health care providers on ways to improve the quality of care of stroke patients in this State;~~
  - ~~(4) Develop and implement strategies to improve stroke early identification and treatment, including identifying specific hospital capabilities to receive, treat, and transfer stroke patients;~~
  - ~~(5) Establish an oversight process to assess and validate hospital capabilities;~~
  - ~~(6) Include statewide representation from government and nonprofit and private healthcare entities that have a role in reducing death and morbidities from stroke.~~
- ~~(b) The director of health shall select the other members of the stroke coalition.~~

§ -4 **Stroke database.** The department shall establish participate in a stroke database to support evaluation of stroke

care in the State for performance improvement. The department shall:

- (1) Utilize an existing nationally recognized and validated data platform available to all participating hospitals and that has features to maintain confidentiality standards and data security. All acute care ~~H~~hospitals and emergency medical services agencies shall report data consistent with nationally recognized guidelines on the treatment of individuals within the State with a suspected or confirmed stroke;

- (2) ~~Maintain~~ Participate in a statewide stroke database that compiles information and statistics on stroke care that aligns with the consensus stroke metrics developed and approved by national subject-matter organizations such as the American Heart Association, American Stroke Association, and the Brain Attack Coalition;

~~(3) Establish an oversight process to ensure data integrity, quality, and security, timely collection, and the generation of reports;~~

~~(4) Analyze data generated by the stroke database to identify potential interventions to improve stroke response and treatment; and~~



~~(5) Provide agreed upon state level reports of de-  
identified and aggregated data to the stroke  
coalition, government agencies, or contractors of  
government agencies, hospitals, researchers, and other  
interested parties that have a role in improving  
stroke care.~~

§ -5 Confidential information. This part shall not be construed to require disclosure of any confidential information or other data in violation of the federal and state privacy regulations."

SECTION 3. This Act shall take effect on ~~July 1, 2050~~  
2015 January 1, 2016.

**Report Title:**

Strokes; Coalition; Database

**Description:**

Establishes a stroke coalition and a stroke database in the Department of Health. (HB589 HD1)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*



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**Friday, February 27, 2015 – 11 a.m.**  
**Conference Room #308**

**House Committee on Finance**

To: Rep. Sylvia Luke, Chair  
Rep. Scott Nishimoto, Vice Chair

From: George Greene  
President & CEO  
Healthcare Association of Hawaii

Re: **Testimony in Support**  
**HB589 HD1— Relating to Stroke Care**

The Healthcare Association of Hawaii's 160 member organizations include all of the acute care hospitals in Hawaii, all public and private skilled nursing facilities, all the Medicare-certified home health agencies, all hospices, all assisted living facilities, durable medical equipment suppliers and home infusion/pharmacies. Members also represent other healthcare providers from throughout the continuum including case management, air and ground ambulance, blood bank, dialysis, and more. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to testify in **support** of HB589 HD1, which establishes a stroke coalition and a stroke database in the Department of Health (DOH).

In many ways, this bill would formalize the task force that the DOH convened over a year ago to fulfill Senate Concurrent Resolution No. 155 SD1 (2013), which urged the DOH to develop a stroke system of care and, among other things, update the Department's *Hawaii Plan for the Prevention of Heart Disease and Stroke* (November 2011). The Healthcare Association of Hawaii and many of its members' clinical staff have been, and continue to be, very active participants in the task force. The passage of this bill would allow this coalition to build upon its progress to improve the overall treatment and outcomes of stroke patients throughout our state.

Thank you for the opportunity to testify in support of HB589 HD1.

Peter Rossi, MD, FAAN  
*President*

Linda Chang, MD, FAAN, FANA  
*Past President*

Monique Canonico, DO  
*Secretary*

Todd Devere, MD  
*Treasurer*

Matthew Koenig, MD, FNCS  
*Member at Large*  
*Webmaster*

Eliza Olaru, MD  
*Member at Large*

Huidy Shu, MD  
*Member at Large*  
*Conference Director*

Doug Valenta, MD  
*Member at Large*

Doug Miles, MD  
*Member at Large*

Michael Russo, MD  
*Member at Large*

February 25, 2015

**HB 589, Relating to Stroke Care  
House Committee on Finance**

**Chairwoman Luke and Members of the House Committee on Finance:**

On behalf of the Hawaii Neurological Society (HNS) Board of Directors, we would like to provide our strong support for HB 589. We want to emphasize to members of the House Committee on Finance that support for this important legislation will not require new appropriations. In fact, by participating in a statewide quality improvement database for stroke, the Hawaii Department of Health may be eligible for federal funding through the CDC Paul Coverdell National Acute Stroke Program. This federal program funds state Departments of Health to engage in quality improvement initiatives for stroke.

The HNS is a professional organization for neurologists in the state of Hawaii. The purpose of the organization is to provide a venue to foster continued growth of neurology, increase clinical research, facilitate health literacy, improve patient outcomes, assure patient safety, and assist advocacy. The HNS was founded in 2006 and currently represents 40 neurologist members.

Stroke is the leading cause of chronic adult disability and it remains the third leading cause of death in Hawaii. As neurologists, we are on the front lines of stroke care in the state and we see the devastating disability that can result after stroke. Although effective medical and procedural treatment for stroke is available, only the minority (~6%) of stroke patients in Hawaii currently receive emergency treatments. Furthermore, geographic disparities in stroke treatment exist across the state with treatment rates ranging from 1% to 12% of stroke patients. Access to appropriate stroke treatment requires a collaborative system of care, particularly for patients on the neighbor islands and rural areas of the state.

This legislation will help to address disparities in stroke care by supporting an organized stroke system of care in Hawaii that includes the public, paramedics, emergency physicians, neurologists, hospitals, and government agencies. The formation of a stroke system of care will improve public knowledge of stroke, access to rapid evaluation and treatment by stroke experts, and patient outcomes. Thirty-one states have already enacted legislation to support a statewide stroke system of care, following guidelines from the American Heart Association, American Academy of Neurology, and other professional societies. Stroke systems of care have been demonstrated to improve stroke treatment rates and outcomes in the medical literature.

The current legislation recognizes an ongoing Stroke Coalition featuring representatives from the HNS, Department of Health, American Heart Association, hospitals, Emergency Medical Services, and other stakeholders to share best practices in stroke care. This coalition acts as a forum to

identify current gaps in stroke care and works together to address these deficiencies. The Stroke Coalition also includes important roles for the Department of Health and Emergency Medical Services division to participate in the coalition, review aggregate stroke data, and establish guidelines for patient triage to local hospitals. In addition, the legislation supports wider use of a statewide data registry to collect and analyze quality improvement data using the Get with the Guidelines – Stroke database, a national database for benchmarking stroke care.

This legislation will support the collaborative efforts of HNS members to improve stroke care in Hawaii and benefit our patients. We ask for your strong support by voting favorably on this measure.

Thank you for your time and consideration of this important legislation.

Respectfully,

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke at the end.



## THE QUEEN'S HEALTH SYSTEMS

To: Chair Sylvia Luke  
Vice Chair Scott Y. Nishimoto  
House Committee on Finance

From: Matthew Koenig, MD  
Associate Medical Director of Neurocritical Care  
The Queen's Medical Center

Re: HB 589, Relating to Stroke Care  
Hearing—February 27, 2015 at 11:00 AM

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The Queen's Health Systems would like to take this opportunity to provide our support for HB 589. We would also like to note that this legislation does not require a new appropriation.

For more than a decade, QMC has maintained certification by The Joint Commission as the only Primary Stroke Center in Hawaii. This certification recognizes the “exceptional efforts” made at QMC to “foster better outcomes for stroke care.”<sup>i</sup> QMC has also worked closely with our partners at the American Heart Association, Hawaii Neurological Society, and Department of Health to strengthen stroke care in our state. Over the last two years, QMC partnered with a number of stakeholders in order to propose legislation necessary to support Hawaii's stroke care continuum.

Stroke is a major public health problem in Hawaii—it is the leading cause of chronic adult disability and the third leading cause of death. Access to appropriate stroke treatment requires a collaborative and organized system of care, particularly for patients on the neighbor islands and rural areas of the state. This legislation will help to address disparities in stroke care by establishing a stroke system of care in Hawaii.

The formation of a stroke system of care will help to better identify and coordinate appropriate services; improve access to treatment for patients; support providers on the front lines of stroke care; and ultimately improve outcomes. Establishing a strong stroke system of care will also help to bring Hawaii in line with the majority of states that have passed similar legislation and current guidelines from the American Heart Association, American Academy of Neurology, and other professional societies.

This bill will directly improve stroke care in our state and will provide a tremendous benefit to our families in Hawaii. We ask for your strong support in strengthening stroke care in Hawaii by voting favorably on this measure.

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<sup>i</sup>[http://www.jointcommission.org/certification/primary\\_stroke\\_centers.aspx](http://www.jointcommission.org/certification/primary_stroke_centers.aspx)

**Friday – February 27 2015 - 11:00 am**  
**Conference Room 308**

**The House Committee on Finance**

To: Rep. Sylvia Luke, Chair  
Rep. Scott Nishimoto, Vice Chair

From: Michael Robinson  
Executive Director, Government Relations & Community Partnerships  
Hawai'i Pacific Health

**Re: HB 598, HD 1 Relating To Stroke Care**  
**Testimony in Support**

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My name is Michael Robinson, Executive Director for Government Relations & Community Partnerships for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-government employer. It is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

I am writing in support of HB 598, HD1, which creates a stroke coalition that will establish a system of care for stroke patients, and establish a stroke data base in the Department of Health. Stroke is the leading cause of death in Hawaii. Rapid identification, diagnosis and treatment of stroke are effective in saving lives and may reverse the associated neurological damage. Thus, a systematic process which is consistent among health care providers and hospitals to evaluate and improve stroke care will enhance outcomes for stroke patients.

While the importance of creating a stroke coalition is recognized, we are concerned that with the existing language, the coalition may be subject to the Sunshine Law. We therefore look forward to an amended version of this bill developed by the Stroke Task Force in the proposed HD2 to address this issue.

Thank you for the opportunity to provide this testimony.

From: mailinglist@capitol.hawaii.gov  
Sent: Wednesday, February 25, 2015 6:31 PM  
To: FINTestimony  
Cc: don.weisman@heart.org  
Subject: Submitted testimony for HB589 on Feb 27, 2015 11:00AM  
Attachments: AHA-ASA Testimony in support of intent of HB 589, HD1 Relating to Stroke with proposed HD2.docx

**HB589**

Submitted on: 2/25/2015

Testimony for FIN on Feb 27, 2015 11:00AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Don Weisman	American Heart Association	Support	Yes

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**finance1-Kim**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 25, 2015 6:45 AM  
**To:** FINTestimony  
**Cc:** csmorimoto@aol.com  
**Subject:** \*Submitted testimony for HB589 on Feb 27, 2015 11:00AM\*

**HB589**

Submitted on: 2/25/2015

Testimony for FIN on Feb 27, 2015 11:00AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Curt S. Morimoto	Individual	Support	No

**Comments:**

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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**LATE**

**American Heart Association/American Stroke Association Testimony**

**in support of the intent of HB 589, HD1 "Relating to Stroke,"**

**with recommended HD2 amendment**

The American Heart Association/American Stroke Association supports the intent of HB 589, HD1 but **recommends the attached amended HD2** version of the bill.

In its ongoing collaborative effort, members of the State Stroke Task Force, established in 2013 through a State Legislative Resolution, met recently to discuss concerns with the HD1 version of the bill. Language in the bill was identified that would have the unintended consequence of placing the Task Force under Sunshine Law which could complicate its ability to meet, have open conversations, and impede its mutually agreed upon work to improve Hawaii stroke patient care. The proposed HD2 rewords the language of the HD1 version to recognize the existing Task Force, now being called a Coalition, rather than re-creating it under the Department of Health. The DOH is given more responsibility in the HD2 amendments to collect and share stroke data using a contracted database service, rather than building a new database. The DOH is also required to share the de-identified state stroke data with the Coalition and to work collaboratively to analyze the data with the goal of identifying and attempting to improve weaknesses in the State's stroke system of care. The proposed HD2 contains a revised implementation date of January 1, 2016 to allow hospitals not already collecting data using the recommended tool to implement that process. It would also allow the DOH time to establish its database account to begin to process statewide data for sharing with members of the Coalition. Members of the Coalition and the DOH are in agreement on the proposed changes

This collaborative effort began when the American Heart Association/American Stroke Association (AHA/ASA) worked with the state's major hospitals and its Department of Health to pass a resolution during the 2013 State Legislative Session that established a state stroke task force and that requested that task force to propose legislation necessary to support Hawaii's stroke care continuum. That request included requirements for the measuring, reporting, and monitoring of stroke care performance through data collection, and that a statewide stroke database and registry be established in which all hospitals and healthcare facilities can participate. The resolution asked that the feasibility be considered of integrating the data registry component through an AHA/ASA Get With The Guidelines super-user account, and that the database and registry include performance measurements obtained using a standardized stroke measure set containing data that is consistent with nationally-recognized guidelines on the treatment of individuals with confirmed stroke within the State, such as the AHA's Get With The Guidelines-Stroke or the Joint Commission's Stroke Performance Measurement Implementation Guide. The legislature requested that an initial report to the legislature be



made by Dec. 31, 2013, and that a final report be made prior to the legislature's 2015 session. HB 589 is the culmination of the State Stroke Task Force's work to meet the State Legislature's request.

Stroke is Hawaii's third leading cause of death and a leading cause of disability. In an effort to reduce the burden of stroke by improving the quality of care delivered to stroke patients, stroke registries have been developed in other states to measure and track acute stroke care.

The registries collect patient level data on characteristics, diagnostic testing, treatments, adherence to quality measures, and in-hospital outcomes in patients hospitalized with stroke and transient ischemic attack (TIA). By providing timely feedback on hospitals' and EMS agencies' stroke care performance, a stroke registry supports stroke care quality improvement efforts.

Establishment of a State Stroke Registry in Hawaii could help illuminate problems that exist in the state's stroke system of care. For instance, data may show poor patient education about stroke symptoms, geographical differences in the quality of stroke care received, problems with adherence to stroke treatment guidelines, or the need to improve pre-hospital stroke response or treatment by our county EMS agencies. The data could then catalyze our state's stroke stakeholders to find solutions to the challenges encountered.

Through this legislative proposal to establish a State Stroke Data Registry the DOH would use State Neurotrauma Special Fund dollars to purchase a Get With The Guidelines-Stroke super-user account. Neurotrauma Fund dollars would also be used to cover the costs of hospitals not already using the tool to purchase Get With The Guidelines-Stroke accounts. Most of the state's private acute stroke care hospitals already use Get With The Guidelines-Stroke to collect data, but don't share the data collaboratively. Under the proposal, all acute stroke care hospitals would be required to collect mutually-agreed upon data sets, based on nationally-recognized medical guidelines, and share that data with the DOH, which would then share the de-identified data with the State Stroke Task Force. The Task Force members would then use the data to identify areas for improvement within the state's stroke system of care and develop additional proposals to work together toward improving stroke patient care in Hawaii.

The AHA/ASA believes that all policy should be based on sound science. The data provided by hospitals through their treatment of stroke patients will provide a science-based foundation on which future stroke care improvements can be made, and their effectiveness measured. The AHA/ASA strongly encourages legislators' to **support the intent of HB 589, HD1, but to substitute its language with the proposed HB 589, HD2 version.**

Respectfully submitted,

Donald B. Weisman  
Hawaii Government Relations Director

*"Building healthier lives,  
free of cardiovascular  
diseases and stroke."*

life is why™ es por la vida™ 全为生命™

Please remember the American Heart Association in your will.

